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22278 U.S.P.T.O.  
10/721076

112603

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> 20402-00639-US3 <b>First Inventor</b> Kinya Hasegawa <b>Title</b> NONINVASIVE CONTINUOUS BLOOD MEASURING APPARATUS AND A METHOD OF NONINVASIVELY MEASURING CONTINUOUS BLOOD PRESSURE <b>Express Mail Label No.</b>	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>MS Patent Application</b> <b>ADDRESS TO:</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages 64]</span> <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="border: 1px solid black; padding: 2px;">[Total Sheets 17]</span> 5. Oath or Declaration <span style="border: 1px solid black; padding: 2px;">[Total Sheets 2]</span> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S)  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul>		<b>ACCOMPANYING APPLICATIONS PARTS</b> <ul style="list-style-type: none"> <li>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span>  <small>(when there is an assignee)</small></li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span></li> <li>13. <input checked="" type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <small>(Should be specifically itemized)</small></li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed)</small></li> <li>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></li> <li>17. <input type="checkbox"/> Other: _____</li> </ul>	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: 10/057,910 Prior application information: Examiner R. Nasser    Art Unit: 3736			
<b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number: 30678		OR <input type="checkbox"/> Correspondence address below	
Name _____		_____	
Address _____		_____	
City _____		State _____	Zip Code _____
Country _____		Telephone _____	Fax _____
Name (Print/Type) <i>Morris Liss</i>		Registration No. (Attorney/Agent) 24,510	
Signature <i>Thorleif Nielsen</i>		Reg. No. 45,528	Date November 26, 2003

13281 U.S.PTO  
112603Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Kinya Hasegawa
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	20402-00639-US3

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES					
<input checked="" type="checkbox"/> Depos it Account:					Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Deposit Account Number <b>22-0185</b>					Code (\$)	Code (\$)	Code (\$)	Code (\$)		
Deposit Account Name <b>Connolly Bove Lodge &amp; Hutz LLP</b>					1051	130	2051	65	Surcharge - late filing fee or oath	
					1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
					1053	130	1053	130	Non-English specification	
					1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
					1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
					1251	110	2251	55	Extension for reply within first month	
					1252	420	2252	210	Extension for reply within second month	
					1253	950	2253	475	Extension for reply within third month	
					1254	1,480	2254	740	Extension for reply within fourth month	
					1255	2,010	2255	1,005	E xtension for reply within fifth month	
					1401	330	2401	165	Notice of Appeal	
					1402	330	2402	165	Filing a brief in support of an appeal	
					1403	290	2403	145	Request for oral hearing	
					1451	1,510	1451	1,510	P etition to institute a public use proceeding	
					1452	110	2452	55	P etition to revive - unavoidable	
					1453	1,330	2453	665	P etition to revive - unintentional	
					1501	1,330	2501	665	Utility issue fee (or reissue)	
					1502	480	2502	240	Design issue fee	
					1503	640	2503	320	Plant issue fee	
					1460	130	1460	130	P etitions to the Commissioner	
					1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
					1806	180	1806	180	Submission of Information Disclosure Stmt	
					8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
					1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
					1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))	
					1801	770	2801	385	Request for Continued Examination (RCE)	
					1802	900	1802	900	Request for expedited examination of a design application	
					Other fee (specify) _____					
					*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 0.00)	
SUBTOTAL (1) (\$ 770.00)										
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE										
					Extra Claims	Fee from below	Fee Paid			
Total Claims	10	-20** =	<input type="text"/>	<input type="text"/>	=	0.00				
Independent Claims	2	-3** =	<input type="text"/>	<input type="text"/>	=	0.00				
Multiple Dependent			<input type="text"/>	<input type="text"/>	=					
Large Entity		Small Entity		Fee Description						
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)							
1202	18	2202	9	Claims in excess of 20						
1201	86	2201	43	Independent claims in excess of 3						
1203	290	2203	145	Multiple dependent claim, if not paid						
1204	86	2204	43	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
					Subtotal (2) (\$ 0.00)					

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY				(Complete if applicable)			
Name (Print/Type)	Morris Liss	Registration No. (Attorney/Agent)	24,510	Telephone	(202) 331-7111		
Signature	<i>Morris Liss</i>	Reg. no. 45,528		Date	November 26, 2003		